

What is Medicare Part D?

The new Medicare Prescription Drug Benefit, Medicare Part D, is the result of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA). This benefit provides prescription drug coverage to seniors who have Medicare Part A or Part B and who do not currently have credible prescription coverage through another program. Individuals may get Medicare prescription drug coverage through one of the many Medicare plans, either by choosing a plan that includes Part D or by adding Part D to a separate plan.

The Medicare Prescription Drug Coverage program provides prescription drug coverage under Medicare beginning January 1, 2006. If the individual has Medicare Part A (hospital insurance) and/or Medicare Part B (medical insurance), an individual may apply for (some individuals are automatically enrolled in Medicare Part D) and choose/enroll in a Medicare prescription drug plan (PDP). Individuals with limited income and resources may qualify for extra help with their Medicare prescription drug coverage and may not have to pay a premium or deductible.

Medicare prescription drug plans provide insurance coverage for prescription drugs. If the individual joins one of these plans, a monthly premium will have to be paid and a share of the cost of the prescriptions will have to be paid, for example, a co-payment or coinsurance. Drug plans vary in what prescription drugs are covered (their formulary), how much has to be paid, and which pharmacies can be used. It is important that individuals join a plan when they are first eligible which means a lower monthly premium than if they wait to join until a later date.

Is There an Enrollment Deadline?

Enrollment for the new Part D began on November 15, 2005. The last date an eligible person can enroll without a penalty is May 15, 2006. The penalty for missing the May 15 deadline is one percent for each month of eligibility.

What is the Difference between Medicare and Medicaid?

Medicare is administered by the Social Security Administration and is a federally-funded insurance program for:

- People age 65 or older
- People under age 65 with certain disabilities (including people who have received Social Security or Railroad Retirement disability benefit for 24 months).
- People of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare is divided into three major parts: A, B, and D. Medicare Part A is hospital insurance that helps cover inpatient care in hospitals, including short-term stays at skilled nursing facilities, hospice care and some home health care. There is no cost for Medicare Part A as long as Medicare taxes were paid while working. Medicare Part B is an

optional medical insurance to help cover doctors' services and outpatient care. There is a deductible and a premium due each month for Part B.

Ohio's Medicaid program is a health coverage program serving eligible low-income people of all ages who do not have enough money or health insurance coverage for medical care. Medicaid is funded by both the federal government and the State of Ohio and is administered by the Ohio Department of Job and Family Services.

Where Can I Get More Information?

For more information or assistance in choosing a plan, please refer to 1-800-MEDICARE (1-800-633-4227) or to the Ohio Senior Health Insurance Information Program (OSHIIP) at 1-800-686-1578.

The following Web sites are also available for more information:

- Medicare.gov – www.medicare.gov
- Central Ohio Area Agency on Aging – www.coaaa.org
- Access to Benefits Coalition – www.accesstobenefits.org